


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90027 024 ****61.25

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # N03000010756 1. Entity Name THE LANDINGS OWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 107 PARKVIEW LN LYNN HAVEN, FL 32444 | | | Mailing Address PO BOX 309 LYNN HAVEN, FL 32444 | | |
| 2. Principal Place of Business - No P.O. Box # 110 Landings Drive | | 3. Mailing Address P.O. Box 309 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Lynn Haven, Florida | | City & State Lynn Haven, Florida | | 4. FEI Number 48-1307776 | |
| Zip 32444 | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROGERS, MICHAEL L 107 PARKVIEW LN LYNN HAVEN, FL 32444 | | | 7. Name and Address of New Registered Agent Name Dana G. Taylor Street Address (P.O. Box Number is Not Acceptable) 110 Landings Drive City Lynn Haven FL Zip Code 32444 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Dana G. Taylor, Treasurer</i></u> 1-17-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES SHUTT, CINDY J 125 LANDINGS LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC REINHARDT, STEVE R 109 PARKVIEW LANE LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary and Vice-President Kim Corry 103 Landings Drive Lynn Haven, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRES MICHAEL, ROGERS L 107 PARKVIEW LN LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Dana G. Taylor 110 Landings Drive Lynn Haven, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>Dana G. Taylor, Treasurer</i></u> | | | 1-17-2008 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>DATE</small> | | |

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01102008 Chg-NP CR2E037 (12/06)

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(850) 248-1811